PTC/89/06 (12-04)
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FOR  EE .18(a), (b), o  FEE .18(k), (l), or  TION FEE .18(l))  DENT CL .16(h))  FION SIZE .16(k)  DEPEND.	AIMS  If the s sheets is \$250 addition 35 U.S  DENT CLAIM PRODUMN 1 is less to	minu ntinu ntinu pecificat of paper (\$125 fc nal 50 sh. C. 41(a)	Je 20 - Indicate of the application and drawing the application small entity needs or tractic (1)(G) and 37	(Column 2)  NUMBER EXTRA  Ings exceed 100 ion size fee due i) for each on thereof See if CFR 1.16(s)	RATE (\$	LL ENTITY ) FEE (\$	OR		<del> </del>
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The Highest Number Previously Paid For (Total or Independent is the highest number have in the appropriate from as a most.

This collection of information is required by 27 CFR 1.16. The information ADDRESS SEND TO: Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450